# CITY OF LAS VEGAS CITIZEN INCIDENT REPORT

## THIS IS A CONFIDENTIAL – ATTORNEY PRIVILEGED DOCUMENT

Use this report to document any incident on city property involving a citizen or program participant. This communication is sent at the request of the Las Vegas City Attorney and constitutes a confidential attorney/client, work product, privileged document. This document, and information resulting from its transmission, is to provide information to legal counsel in a legal matter involving the City of Las Vegas or its employee(s). UNDER NO CIRCUMSTANCE should this document or information in this document be given to anyone with exception of authorized city officials or its agents.

**ALL INCIDENTS INVOLVING INJURY TO A CITIZEN MUST BE REPORTED TO THE RISK MANAGEMENT DIVISION**

## SECTION 1: DATE/TIME & LOCATION OF INCIDENT

| DATE OCCURRED: | HOUR: A.M. P.M. | LOCATION OF INCIDENT: BUILDING & FLOOR OR AREA OF PROPERTY & ADDRESS: |
|---|---|---|
| | | |

## SECTION 2: INJURED CITIZEN

| CITIZEN NAME: FIRST NAME | MIDDLE NAME: | LAST NAME: |
|---|---|---|
| | | |

| CITIZEN ADDRESS: STREET NAME & NUMBER: | CITY: | ZIP: |
|---|---|---|
| | | |

| CITIZEN AGE: | GENDER: ☐ Male ☐ Female | TELEPHONE: |
|---|---|---|
| | | |

## SECTION 3: INCIDENT INFORMATION

CONDITION OF AREA - IF AREA NEEDS REPAIR, BLOCK OFF AREA AND NOTIFY RESPONSIBLE DIVISON (STREETS, PARKS & OPEN SPACES, OR FACILITIES MANAGEMENT.) TO MAKE REPAIRS. TAKE PHOTOS IF POSSIBLE AND ATTACH TO THIS REPORT.

HOW DID INCIDENT HAPPEN? (DESCRIBE FULLY):

WHAT WAS CITIZEN DOING WHEN INJURED?

## SECTION 4: INJURY AND DISPOSITION OF CITIZEN

BODY PART INJURED: (BE SPECIFIC)

WHAT TREATMENT WAS PROVIDED?
☐ cleaned ☐ applied compress ☐ bandaged ☐ controlled bleeding ☐ treated for shock ☐ splinted ☐ gave inhalation or resuscitation
☐ other:

IF TREATMENT WAS GIVEN, BY WHOM?

DISPOSITION OF INJURED PARTY:
☐ remained in area ☐ released to parents or family ☐ advised to see physician ☐ sent to hospital ☐ other
☐ released to ambulance – name of hospital or ambulance:

## SECTION 5: WITNESSES

IF WITNESSES, PLEASE RECORD NAME & ADDRESS (IF STATEMENTS ARE AVAILABLE, PLEASE ATTACH TO THIS REPORT):

NAME: _____ ADDRESS: _____

NAME: _____ ADDRESS: _____

| SIGNATURE: OF PERSON MAKING REPORT | DEPARTMENT & DIVISION | DATE SIGNED: |
|---|---|---|
| | | |

**FORWARD ORIGINAL TO RISK MANAGEMENT**
**COPY FOR INITIATING DEPARTMENT**